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10/05/2005 JADDO2 00000032 10654967

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/654,967	09/05/2003	Masafumi Sakaguchi	117042	, 5666

TITLE OF INVENTION: TRANSMISSIVE SCREEN AND REAR PROJECTOR

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1400	)	\$300	\$1700		10/07/2005
EXA	MINER	ART UN	'IT	CLASS-SUBCLASS			
SEVER, A	ANDREW T	2851		359-456000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			Berridge, PLC
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Seiko Epson Corporation  Tokyo, Japan							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed. Check #171531 (\$1,700)  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form).							
a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See is requested to apply the Issu Publication Fee (if required) vords of the United States Pate	37 CFR 1.27.	☐ b. Applic	ant is no longer claiming SMAI  y) or to re-apply any previously cother than the applicant; a regi	L ENTITY s	tatus. See 37 C	FR 1.27(g)(2).
Authorized Signature	Leana Levi			Date Oct	ober 4,	2005	

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51,939